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## BIB DATA SHEET

CONFIRMATION NO. 6985

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/581,015	05/30/2006	324	4121	X-16250

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US04/38221 12/01/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA 60529428 12/12/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

10/12/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Initials	IN	0	4

**ADDRESS**

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**TITLE**

Treatment of hot flashes, impulse control disorders and personality change due to a general medical condition

<b>FILING FEE RECEIVED</b> 1850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit